

The Odisha Gazette

EXTRAORDINARY
PUBLISHED BY AUTHORITY

No.1430, CUTTACK, FRIDAY, JULY 26, 2024/ SRAVANA 4, 1946

[No.3430—ST-BT-MISC-0004/2024/ST.]

SCIENCE & TECHNOLOGY DEPARTMENT

RESOLUTION

The 26th July, 2024

**SUB: OPERATIONAL GUIDELINES ON EMPLOYMENT GENERATION INCENTIVE
UNDER THE PROVISIONS OF ODISHA BIOTECHNOLOGY POLICY – 2024.**

(Science & Technology Department Resolution No - 393-ST-BT-MISC-0026/2022/ST. Dated 25.01.2024)(See Para 4.2.5 of Odisha Biotechnology Policy, 2024)

1. **Short Title:** Operational guidelines for providing Employment Generation Incentive under the provisions of Odisha Biotechnology Policy, 2024.
2. **Extent:** It shall extend to the whole of the State of Odisha.
3. **Commencement:-** It shall come into force from the "Effective Date" of Odisha Biotechnology Policy 2024 i.e. 25.01.2024.
4. **Terms and Expressions:** Terms and expressions used in this operational guideline, but not specifically defined / explained here, shall have the same meaning as in Odisha Biotechnology Policy 2024.

5. Policy Provisions:

5.1. Eligibility Criteria:

- i) Eligible applicant units will be given the benefit for claim of Rs.12,500 per male employee per month. An additional top up incentive of Rs.2,500 will be available per female employee per month. This incentive will be applicable only to employees engaged in biotechnology based technical work directly related to industrial production processes and/or R&D. The incentive, in no case, shall exceed actual salary disbursed.
- ii) This incentive will cover only employees who are domiciles of Odisha and working in Odisha.

iii) It will be available for a period of five years (60 months) from the date of commencement of commercial production subject to the condition that such payment by the unit to its worker shall be Aadhar linked and online.

6. Time frame for filing application: -

- a. Eligible Biotechnology units after commencement of production shall file the application in the prescribed form for its period of claim within six month from the end of each financial year.
- b. Application in the prescribed form received after the due date/ incomplete in any respect shall be liable to be summarily rejected. However, if due to circumstances beyond its control, unit couldn't apply in prescribed time, then, it may apply with proper justification to the Director, Industries (for MSMEs)/ MD, IPICOL (for Large/ Mega Units) for condonation of the delay. In any case, no delay beyond one year will be considered.

7. Procedure:

- a. Biotechnology unit satisfying the eligibility shall file application in the prescribed form appended to this operational guideline in Form “**Annexure-I**” separately for Employment Generation Incentive along with copies of all relevant documents as mentioned in the Checklist in Form “**Annexure-II**” self-attested by Proprietor/ Managing Partner/ Managing Director/ Authorized Signatory before the Director, Industries (for MSMEs)/ MD, IPICOL (for Large/ Mega Units).
- b. In case of the employees not covered under EPF scheme, **Annexure-III** is to be submitted.
- c. Application for reimbursement of the benefit for subsequent years, after 1st year/ initial year of claim, during the eligible period shall be accompanied by documents & valid statutory clearances/ approvals only related to the year of claim.
- d. The application with requisite documents shall be filled in triplicate (Both in Hardcopy and Softcopy)
- e. On receipt of application, the acknowledgement as prescribed in Form “**Annexure-IV**” shall be issued to the applicant, duly signed by the Director, Industries (for MSMEs)/ MD, IPICOL (for Large/ Mega Units)/ Authorized Signatory on the day of receipt.
- f. After receipt of the application containing the certification by Chartered Accountant of both EPFO & Non EPFO employees from the Biotechnology unit, Director,

Industries (for MSMEs)/ MD, IPICOL (for Large/ Mega Units) will check the eligibility and veracity of facts concerning the claim and

- i. The employees falling under the ambit of EPF, one set of application with relevant documents of the unit indicating date of production will be submitted to the concerned authorities of EPF of the region within 7 days from the date of receipt of application and obtain the certificate for number of employees and employees contribution paid towards EPF for the period of claim month wise in Form “**Annexure-V**”.
 - ii. In case of employees not covered under EPF, the Biotechnology Unit shall submit details certified by a Chartered Accountant and submit the same in **Annexure-III** to be checked by the Director, Industries / MD, IPICOL.
- g. If required, physical verification by committee consisting of representative of MD, IPICOL, Director of Industries, respective DIC and Director, Biotechnology shall be done as and when required.

8. Modalities:

Incentives in Favor of Biotechnology Units shall be released on a proportionate basis based on the number of days paid by the employer to the worker/ employee. In those cases where workers/ employees have been paid for less than a month, incentive should be released to the Biotechnology unit using the formula:-

$$\frac{\text{Rs.15,000 / Rs.12,500 (Female/Male)}}{\text{No. of days in that month}} \times \text{No. of days paid by the employer}$$

9. Approval:

Approval of the eligible amount of assistance against payment towards employment generation subsidy shall be accorded in the prescribed format as in Form “**ANNEXURE- VII**”, if found eligible by the Director, Industries (for MSMEs)/ MD, IPICOL (for Large/ Mega Units), within next 7 days.

10. Funds & Audit:

- a. **Funds:** The Directorate of Industries, Odisha in consultation with IPICOL will estimate the requirement of funds and furnish the requirement to the Science & Technology Department and as per approval at Para 9, S&T Department will provide funds to Directorate of Industries, Odisha, who shall be the Disbursing Agency. The Disbursing Agency will maintain regular accounts for each case & shall be accountable to the Audit and the State Govt. Directorate of Industries will

furnish the utilization certificate in OGFR-VI along with the list of beneficiaries disbursed with assistance at the end of each financial year.

- b. **Audit:** The accounts maintained by the DI, Odisha shall be audited by the AG, Odisha.

11. Rejection:

In case of rejection of application, the reasons of rejection shall be communicated by Director, Industries/ MD, IPICOL to the respective agencies and to the applicant unit as early as possible or within 60 days of receipt of application from the claimant unit in the format prescribed in Form “**ANNEXURE-VIII**”.

12. Recovery:

The Biotechnology unit shall repay incentive amount with penal interest @15 % Per Annum if the information stated in the application and supporting documents is found to- be false / incorrect/misleading/ misrepresented and or there has been suppression of facts/materials.

13. Maintenance of Records:

Information on receipt of application / forwarding of application / sanction of Employment Generation Incentive / rejection of application / disbursement of Employment Generation Incentive shall be maintained both electronically & manually by the Director, Industries/ MD, IPICOL.

By Order of the Governor
CHITHRA ARUMUGAM
Principal Secretary to Government

ANNEXURE-I

**APPLICATION FOR EMPLOYMENT GENERATION INCENTIVE UNDER THE
PROVISIONS OF ODISHA BIOTECHNOLOGY POLICY, 2024**

(To be filled in triplicate by Biotechnology units within Odisha)

Application received after the due date / incomplete in any respect shall be liable for
rejection.

M/s. _____

Address :

To

Director, Industries (for MSMEs)/ MD, IPICOL (for Large/ Mega Units)

Sub: Applications for Sanction & disbursement of Employment Generation Incentive under
the provisions of Odisha Biotechnology Policy, 2024

Madam/ Sir,

In accordance with the provisions laid down in Odisha Biotechnology Policy, 2024
and Operational Guidelines, the claim for Employment Generation Incentive of M/s.
_____ (name of the Biotechnology unit) is submitted herewith for the period
from mm/yy to mm/yy with the following particulars.

1	Address of Registered office	
2	Type of organization (Proprietorship/ Partnership/ Co-operative/ Private Limited/ Public Limited)	
3	Name of Proprietor/ Managing Partner/ Managing Director/ Authorized Signatory	
4	Production Certificate & IEM No. and Date	
5	Name of the Financial Institution/ Banks extended Term Loan / Working Capital Loan (Specify the amount & date of sanction)	

6	Date of commencement of production			
7	Items of manufacture/activity	Item	Quantity	Value
		1	2	3
8	Date of first fixed capital investment i.e., land/building/plant & machinery and balancing equipment			
9	Investment in plant & machinery			
10	Employers' registration no. & date of EPF registration			
11	Employment in Pay Roll (month-wise) of employees engaged in biotechnology based technical work directly related to industrial production processes and/or R&D to be certified by Chartered Accountant			
(a) ABSTRACT:				
Employees		Female	Male	
Year		(Domicile of Odisha and working in Odisha)	(Domicile of Odisha and working in Odisha)	
Month		(in Numbers)	(in Numbers)	

	EPFO*	Non-EPFO	EPFO*	Non-EPFO
1	2	3	4	5
Skilled				
Semi skilled				
Supervisory				
Managerial				
Grand Total				
*List will be verified by EPFO				

(b)	Detailed list of names to be attached (Employment in Pay Roll (month-wise) of employees engaged in biotechnology based technical work directly related to industrial production processes and/or R&D to be certified by	Name of the employee	Designation	UAN (If applicable)	Aadhaar No.	No. of days worked	Wages/ Salary paid for employees drawing CTC below Rs.15,000/- for	Mode of payment*
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	Chartered Accountant)						female Rs.12,500/- for male	
	1	2	3	4	5	6	7	8
	(i) EPFO covered							
	Skilled	Female						
		Male						
	Semi-skilled	Female						
		Male						
	(ii) Non-EPFO							
	Skilled	Female						
		Male						
	Semi-skilled	Female						
		Male						
	<i>*Specify Mode of payment (Online Bank transfer/ RTGS/NEFT/ If Others- specify)</i>							
12	Amount of Claim @ Rs 15,000/- for Female & Rs 12,500/- for Male workers/ employees.	Female		Male				
		No. of workers/ employees eligible	Total Amount	No. of workers/ employees	Total Amount			
		1	2	3	4			
13	Bank Name & Account No. (Certified by the Bank)							
14	IFSC code & MICR							

code of the bank	
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I, Mr. /Ms. _____ S/o / D/o / W/o _____
 at present _____ (designation) of M/s _____
 (name of the Biotechnology unit) certify that the information furnished as above is true and
 correct to the best of my knowledge and belief.

I hereby undertake to abide by the terms and conditions prescribed under the provisions of
 Odisha Biotechnology Policy, 2024 and its operational guidelines.

I hereby undertake to repay the incentive subsidy or any part thereof with penal interest as
 decided by the authority.

- i. If the information stated above is found to be false/incorrect/misleading or
 misrepresented and there has been suppression of facts/materials or if found to
 have been disbursed more than the amount admissible for whatsoever reason.
- ii. If the Biotechnology unit goes out of production for a period exceeding six months
 at a time for any reason other than force major during the period of incentives.

I hereby certify that I/We, the concerned promoter(s) have not defaulted to Banks/
 Development Financial Institutions/ SIDBI/ OSFC/ IPICOL/ Government and Government
 controlled agencies.

I furnish herewith the Chartered Accountants audit status regarding claim and undertake
 to provide its audited financial statements and other periodical statements of each financial
 year to the Director, Industries (for MSMEs)/ MD, IPICOL(for Large & Mega Units) during
 the period of incentives.

Copies of relevant documents in support of the information/ facts furnished above are self-
 attested and enclosed herewith.

Signature of Proprietor/Promoter/Managing Partner/
 Managing Director/ Authorized Signatory

In full and on behalf of M/s _____

CHECKLIST**(APPLICATION FOR EMPLOYMENT GENERATION INCENTIVE UNDER THE PROVISIONS OF ODISHA BIOTECHNOLOGY POLICY, 2024)**

Copies of documents to be attached with the application shall be self-attested by Proprietor/ Managing Partner/ Promoter/Managing Director/ Authorized Signatory

1	Production Certificate/ IEM (one time)
2	Power of Attorney/ Board Resolution/ Society Resolution as applicable, while signing as Partner/ Managing Director/ Authorized Signatory
3	Certificate of registration and Certificate of incorporation (Memorandum of association & Article of Association) under Company Act-1956 (one time)
4	Self-attested DPR (One time)
5	ANNEXURE-III
6	ANNEXURE-V
7	Undertaking to be furnished by Proprietor/ Promoter in the format as in ANNEXURE-VI in a non-judicial stamp paper of Rs.100/-
8	Universal Account Number (UAN) which is the unique account number issued by EPFO to employees. This number Aadhar seeded and verified should be reflected
9	Online bank receipt towards payment of monthly provident fund received at EPFO
10	Undertaking that the wages/ salary under different categories as prescribed by Labour & Employment Department, Govt. of Odisha have been paid to the workers/ employees

ANNEXURE-III

**A Certificate in respect of Employment Generation Subsidy only for employees
(domiciles of Odisha and working in Odisha) engaged in biotechnology based
technical work directly related to industrial production processes and/or R&D**

Period of Claim: Months _____ Year _____

The Pay roll & other relevant records of M/s.....with the
regd. Office at.....and unit located at..... in respect of the
wages/ salary paid to employees, who are domiciles of Odisha and working in Odisha, and
engaged in biotechnology based technical work directly related to industrial production
processes and/or R&D during the _____ months of the financial year.....have been
verified as per muster roll/cashbook/bank account of the Biotechnology unit and it is
certified that the said Biotechnology unit has paid total wages/ salary of
Rs.....(Rupees.....)to.....(number) of employees,
as per Aadhaar Card, and are directly employed by the Firm.

AND

the proportionate amount of Employment Generation Subsidy @ Rs 12,500/- for male
employee and @ Rs. 15,000/- for female employees for the aforesaid employees is Rs
..... (Rupees) for males and Rs (Rupees) for females,
total amounting to Rs (Rupees) for both male and femalefor the
financial year.....

(Attach detailed list as in 11 (a) & (b) of application form)

Certified that the list above complies with the Terms & conditions of the Odisha
Biotechnology Policy, 2024 Para 4.2.5.

Name & signature of the Chartered
Accountant with stamps & CA membership
number Dated

Terms & Conditions:-

- a) Employees engaged in biotechnology based technical work directly related to industrial production processes and/or R&D.
- b) This incentive will cover only employees who are domiciles of Odisha and working in Odisha.
- c) The incentive, in no case, shall exceed actual salary disbursed.
- d) It will be available for a period of five years (60 months) from the date of commencement of commercial production subject to the condition that such payment by the unit to its worker shall be Aadhar linked and online

ANNEXURE-IV**OFFICE OF THE DIRECTOR, INDUSTRIES/ MD, IPICOL WITH ADDRESS & CONTACT
DETAILS**

Letter No. _____ / Dated _____

Acknowledgement**(FOR OFFICE USE)**

(To be issued by DIRECTOR, INDUSTRIES/ MD, IPICOL / authorized officer on the day of
receipt)

To

M/s. _____

Received the application for sanction and disbursement of Employment Generation
Incentive under the provisions of Odisha Biotechnology Policy, 2024 for the period
from ____ to ____ along with documents mentioned below of M/S _____
At/PO _____ Dist _____ on Dt _____ through post/
person.

List of documents

- 1.
- 2.
- 3.

Signature of authorized officer DIRECTOR, INDUSTRIES/ MD, IPICOL

(With seal & date)

ANNEXURE-V

EMPLOYMENT GENERATION INCENTIVE UNDER THE PROVISIONS OF ODISHA BIOTECHNOLOGY POLICY, 2024(only for employees who are domiciles of Odisha and working in Odisha and, engaged in biotechnology based technical work directly related to industrial production processes and/or R&D)

(For 1st /2nd / 3rd / 4th /5th year of claim)

CERTIFICATE TO BE FURNISHED BY THE EPFO AUTHORITY

Certified that M/s. _____ At/PO _____
Dist. _____ (Address of the Registered office of the Biotechnology Unit) has been registered with EPF authority bearing No _____ Dt. _____ .

Further, it is certified that the above unit has already paid monthly PF contribution amount towards employees and employees share along with other administrative charges etc of members from _____ to _____ (month & year).

Sl. No	Month Name	No. of employees		Amount paid
		Male	Female	
1	2	3	4	5
1	January			
2	February			
3	March			
4	April			
5	May			
6	June			
7	July			
8	August			

9	September			
10	October			
11	November			
12	December			
13	Grand Total			

Signature & Seal of EPF Authorities

ANNEXURE-VI**UNDERTAKING TO BE FURNISHED BY THE PROPRIETOR/ PROMOTER**

(To be furnished in a non-judicial stamp paper of Rs.100/-)

I, Mr. /Ms. _____ S/o / D/o / W/o _____ at present _____ (designation) of M/s _____ (name of the Biotechnology unit) certify that the information furnished as above is true and correct to the best of my knowledge and belief.

I hereby undertake to abide by the terms and conditions prescribed under the provisions of Odisha Biotechnology Policy, 2024 and its operational guidelines.

I hereby undertake to repay the incentive subsidy or any part thereof with penal interest as decided by the authority.

- i. If the information stated above is found to be false/incorrect/misleading or misrepresented and there has been suppression of facts/materials or if found to have been disbursed more than the amount admissible for whatsoever reason.
- ii. If the Biotechnology unit goes out of production for a period exceeding six months at a time for any reason other than force major during the period of incentives.

I hereby certify that I/We, the concerned promoter(s) have not defaulted to Banks/ Development Financial Institutions/ SIDBI/ OSFC/ IPICOL/ Government and Government controlled agencies.

I furnish herewith the Chartered Accountants audit status regarding claim and undertake to provide its audited financial statements and other periodical statements of each financial year to the Director, Industries (for MSMEs)/ MD, IPICOL (for Large & Mega Units) during the period of incentives.

Copies of relevant documents in support of the information/ facts furnished above are self-attested and enclosed herewith.

Signature of Proprietor/ Promoter/ Managing Partner/
Managing Director/ Authorized Signatory

In full and on behalf of M/s _____

ANNEXURE-VII

**DIRECTORATE OF INDUSTRIES, ODISHA/ IPICOL
BHUBANESWAR
APPROVAL ORDER**

Office Order No. _____dt_____

Approval is hereby accorded for payment of “Employment Generation Incentive under the provisions of Odisha Biotechnology Policy, 2024” amounting to Rs. _____ (Rupees _____) only in favour of M/s. _____ (name & address of the Biotechnology unit) for the period from _____ to _____ in accordance with the provisions laid down in Odisha Biotechnology Policy, 2024 and its operational guidelines.

Director of Industries, Odisha/ MD, IPICOL

Memo No. _____ dt. _____

Copy forwarded to Mr/ Ms _____ (Proprietor/ Managing Partner /Managing Director / Authorized signatory), M/s _____
At/PO _____ Dist. _____ for
information.

Director of Industries, Odisha/ MD, IPICOL

Memo No. _____ dt. _____

Copy forwarded to the Secretary, Science & Technology Dept, Govt. of Odisha / DI, Odisha/ Managing Director, IPICOL for information and necessary action.

Director of Industries, Odisha/ MD, IPICOL

ANNEXURE-VIII**OFFICE OF THE DIRECTOR, INDUSTRIES/ MD, IPICOL WITH ADDRESS & CONTACT
DETAILS**

No. _____ Dt. _____

To

M/s. _____

Sub: Rejection of the proposal.

Madam/Sir,

This is to inform that, the application dated _____ for sanction of Employment Generation Incentive for Biotechnology unit M/s _____ bearing IEM / Production Certificate No. _____ Dt. _____ for the period _____ under Odisha Biotechnology Policy, 2024 is rejected due to following reasons.

(Specify the reasons)

- 1.
- 2.
- 3.
- 4.

Signature of

DIRECTOR, INDUSTRIES/ MD, IPICOL

(With seal & date)

Printed and Published by the Director, Printing, Stationery and Publication, Odisha, Cuttack-10

OGP/SBP Ex.Gaz.670-183+50